

Water Compliance Inspection Report

Section A: National Data System Coding (i.e. PCS)

[illegible]

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) ED BOSSCHER DAIRY # 2 7480 Oat Cole Road Everson, WA 98247	Entry Time/Date 9:30 AM 29-Feb-12	Permit Effective Date
	Exit Time/Date 10:45 AM 29-Feb-12	Permit Expiration Date
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Numbers ED BOSSCHER Owner and Operator (b) (6)	Other Facility Data (e.g., SIC, NAICS, and other descriptive information) SIC CODE 0241 (b) (6) Unpermitted	
Name, Address of Responsible Official/Title/Phone and Fax Number SAME AS ABOVE <div style="text-align: right;"> Contacted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>	GPS N 48.91183 W 122.30345	

Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

	Permit		Self-Monitoring Program		Pretreatment		MS4
	Records/Reports		Compliance Schedule		Pollution Prevention		
X	Facility Site Review		Laboratory	x	Storm Water		
	Effluent/Receiving Waters	X	Operations & Maintenance		Combined Sewer Overflow		
	Flow Measurement		Sludge Handling/Disposal		Sanitary Sewer Overflow		

Section D: Summary of Findings/Comments



(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

RECEIVED

MAR 21 2012

**Inspection & Enforcement Management Unit
(IEMU)**

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Numbers	Date
DAVE TERPENING 	REG 10 / OCE / IEMU / 206 553-6905	29-Feb-12
DUSTAN BOTT	REG 10 / OCE / IEMU / 206 553-5602	
Signature of Management QA Reviewer 	Agency/Office/Phone and Fax Numbers EPA / OCE 206-553-5317	Date 3/28/11

ICFS/PCS.

3-21-2012

Y Brown

INSTRUCTIONS

Section A: National Data System Coding (i.e., PCS)

Column 1: Transaction Code: Use N, C, or D for New, Change, or Delete. All inspections will be *new* unless there is an error in the data entered.

Columns 3-11: NPDES Permit No. Enter the facility's NPDES permit number - third character in permit number indicates permit type for U=unpermitted, G=general permit, etc.. (Use the Remarks columns to record the State permit number, if necessary.)

Columns 12-17: Inspection Date. Insert the date entry was made into the facility. Use the year/month/day format (e.g., 04/10/01 = October 01, 2004).

Column 18: Inspection Type*. Use one of the codes listed below to describe the type of inspection:

A Performance Audit	U IU Inspection with Pretreatment Audit	I Pretreatment Compliance (Oversight)
B Compliance Biomonitoring	X Toxics Inspection	@ Follow-up (enforcement)
C Compliance Evaluation (non-sampling)	Z Sludge - Biosolids	{ Storm Water-Construction-Sampling
D Diagnostic	# Combined Sewer Overflow-Sampling	} Storm Water-Construction-Non-Sampling
F Pretreatment (Follow-up)	\$ Combined Sewer Overflow-Non-Sampling	: Storm Water-Non-Construction-Sampling
G Pretreatment (Audit)	+ Sanitary Sewer Overflow-Sampling	~ Storm Water-Non-Construction-Non-Sampling
I Industrial User (IU) Inspection	& Sanitary Sewer Overflow-Non-Sampling	< Storm Water-MS4-Sampling
J Complaints	\ CAFO-Sampling	- Storm Water-MS4-Non-Sampling
M Multimedia	= CAFO-Non-Sampling	> Storm Water-MS4-Audit
N Spill	2 IU Sampling Inspection	
O Compliance Evaluation (Oversight)	3 IU Non-Sampling Inspection	
P Pretreatment Compliance Inspection	4 IU Toxics Inspection	
R Reconnaissance	5 IU Sampling Inspection with Pretreatment	
S Compliance Sampling	6 IU Non-Sampling Inspection with Pretreatment	
	7 IU Toxics with Pretreatment	

Column 19: Inspector Code. Use one of the codes listed below to describe the *lead agency* in the inspection.

A — State (Contractor)	O — Other Inspectors, Federal/EPA (Specify in Remarks columns)
B — EPA (Contractor)	P — Other Inspectors, State (Specify in Remarks columns)
E — Corps of Engineers	R — EPA Regional Inspector
J — Joint EPA/State Inspectors—EPA Lead	S — State Inspector
L — Local Health Department (State)	T — Joint State/EPA Inspectors—State lead
N — NEIC Inspectors	

Column 20: Facility Type. Use one of the codes below to describe the facility.

- 1 — Municipal. Publicly Owned Treatment Works (POTWs) with 1987 Standard Industrial Code (SIC) 4952.
- 2 — Industrial. Other than municipal, agricultural, and Federal facilities.
- 3 — Agricultural. Facilities classified with 1987 SIC 0111 to 0971.
- 4 — Federal. Facilities identified as Federal by the EPA Regional Office.
- 5 — Oil & Gas. Facilities classified with 1987 SIC 1311 to 1389.

Columns 21-66: Remarks. These columns are reserved for remarks at the discretion of the Region.

Columns 67-69: Inspection Work Days. Estimate the total work effort (to the nearest 0.1 work day), up to 99.9 days, that were used to complete the inspection and submit a QA reviewed report of findings. This estimate includes the accumulative effort of all participating inspectors; any effort for laboratory analyses, testing, and remote sensing; and the billed payroll time for travel and pre and post inspection preparation. This estimate does not require detailed documentation.

Column 70: Facility Evaluation Rating. Use information gathered during the inspection (regardless of inspection type) to evaluate the quality of the facility self-monitoring program. Grade the program using a scale of 1 to 5 with a score of 5 being used for very reliable self-monitoring programs, 3 being satisfactory, and 1 being used for very unreliable programs.

Column 71: Biomonitoring Information. Enter D for static testing. Enter F for flow through testing. Enter N for no biomonitoring.

Column 72: Quality Assurance Data Inspection. Enter Q if the inspection was conducted as followup on quality assurance sample results. Enter N otherwise.

Columns 73-80: These columns are reserved for regionally defined information.

Section B: Facility Data

This section is self-explanatory except for "Other Facility Data," which may include new information not in the permit or PCS (e.g., new outfalls, names of receiving waters, new ownership, other updates to the record, SIC/NAICS Codes, Latitude/Longitude).

Section C: Areas Evaluated During Inspection



NPDES CAFO INSPECTION REPORT

FACILITY NAME: ED BOSSCHER DAIRY # 2
7480 OAT COLE ROAD
EVERSON, WASHINGTON 98247

FACILITY CONTACT: ED BOSSCHER (OWNER AND OPERATOR)

DATE OF INSPECTION: FEBRUARY 22, 2012 (**DENIED ENTRY**) NEED TO SCHEDULE AN APPOINTMENT

**DATE OF FOLLOWUP
INSPECTION:** FEBRUARY 29, 2012

TYPE OF INSPECTION: UNANNOUNCED (FEDERAL) COMPLIANCE EVALUATION INSPECTION

INSPECTORS NAMES: LEAD DAVE TERPENING (EPA), DUSTAN BOTT (EPA),

SUMMARY OF THE INSPECTION:

WE ARRIVED AT THE DAIRY UNANNOUNCED ON FEBRUARY 22TH. MR. BOSSCHER (OWNER AND OPERATOR) WAS **UNABLE** TO MEET WITH US TO CONDUCT THE NPDES COMPLIANCE EVALUATION INSPECTION. THE DAIRY DOES NOT HAVE A PERMIT. MR. BOSSCHER DIRECTED US TO READ HIS SIGN POSTED IN FRONT OF THE MILK HOUSE: "ALL VISITORS MUST HAVE AN APPOINTMENT". MR. BOSSCHER FURTHER STATED HE WAS UNAVAILABLE THE REST OF WEEK. WE ASKED IF WE COULD MEET WITH HIM THE FOLLOWING WEEK AND HE INDICATED THAT WOULD WORK. I GAVE MR. BOSSCHER A RANGE MONDAY THROUGH WEDNESDAY AND SAID I WOULD CALL HIM LATER.

I CALLED MR. BOSSCHER ON TUESDAY 28TH AND SCHEDULED THE INSPECTION FOR WEDNESDAY THE 29TH. WE ARRIVED AT BOSSCHER DAIRY WEDNESDAY MORNING AND PRESENTED OUR CREDENTIALS TO MR. BOSSCHER. WE WERE NOT DENIED ACCESS. WE INTERVIEWED MR. BOSSCHER AND WALKED THE FACILITY. THE DAIRY HAD TWO WASTE STORAGE LAGOONS WITH A STORAGE CAPACITY AROUND 3 MILLION GALLONS. INCLUDED IN THIS REPORT ARE THE FOLLOWING DOCUMENTS: 3560 FORM, ICDS FORM, AND A PHOTOLOG. DECONTAMINATION PROCEDURES WERE FOLLOWED.

MR. BOSSCHER MADE ONE LAST COMMENT TO ME AS WE WERE FINISHING UP THE INSPECTION. MR. BOSSCHER SAID, "IF HE HAD TO DO IT AGAIN HE WOULD ALLOW US TO CONDUCT THE INSPECTION". MR. BOSSCHER ALSO STATED THAT AFTER TALKING WITH SOME OTHER DAIRY OWNERS AFTER OUR FIRST VISIT ON FEBRUARY 22ND, HE CAME TO THIS CONCLUSION.

AT THE TIME OF THIS INSPECTION:

I SUGGESTED TO MR. BOSSCHER THAT HE IMPROVE THE BERM NEAR THE SILAGE STORAGE AREA AND ALONG THE BACK OF THE CALF HUTCHES.

PERMIT NUMBER ASSIGNED: NEW PERMIT NUMBER WAU000580

PHOTOS TAKEN BY: DUSTAN BOTT AND INCLUDED AS ATTACHMENT A

INSPECTION REPORT COMPLETION DATE: March 26, 2012

LEAD INSPECTOR SIGNATURE: 

ATTACHMENT A

Photograph Documentation

By

DUSTAN BOTT



Photo 1 Looking at the underground waste storage tank with a holding capacity of about 40,000 gallons. This tank is pumped out to the lagoons. Mr. Bosscher said he can hold his waste for about 6 months.



Photo 2 Looking at a close up view of the underground tank on the Bosscher Dairy.

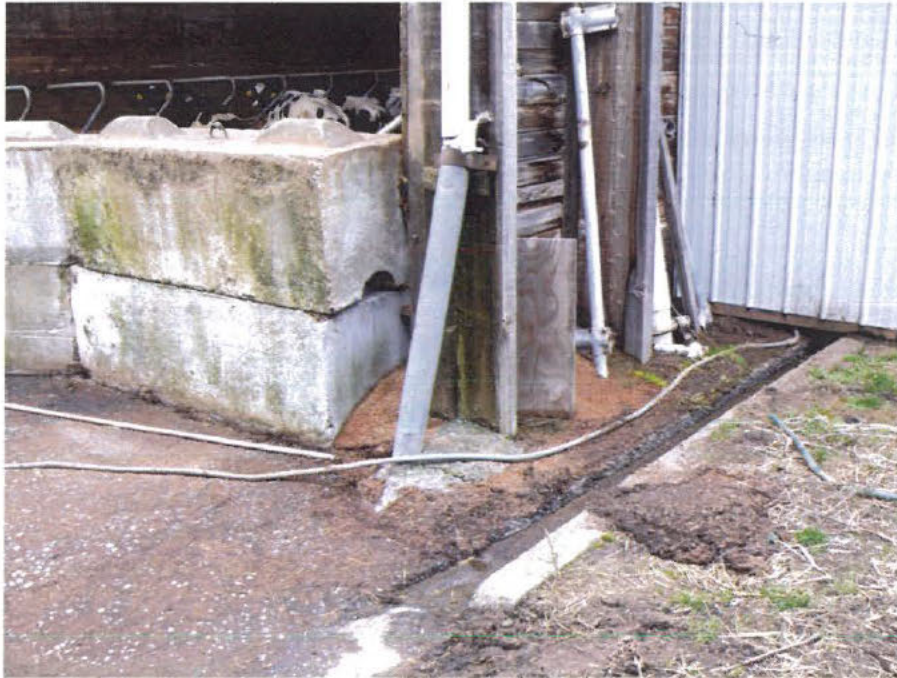


Photo 3 This photo is looking at the rain gutter pipes going underground on the South side of confinement barn.



Photo 4 This photo shows the Bosscher Dairy calf hutches located near Goodwin ditch.



Photo 5 Silage waste runoff flowing into a catch basin which flows to the underground tank.



Photo 6 Photo of the dry storage feed shelter.



Photo 7 Photo shows bunker silage storage area.



Photo 8 Photo shows the North waste storage lagoon (1.9 – 2 million gallons).

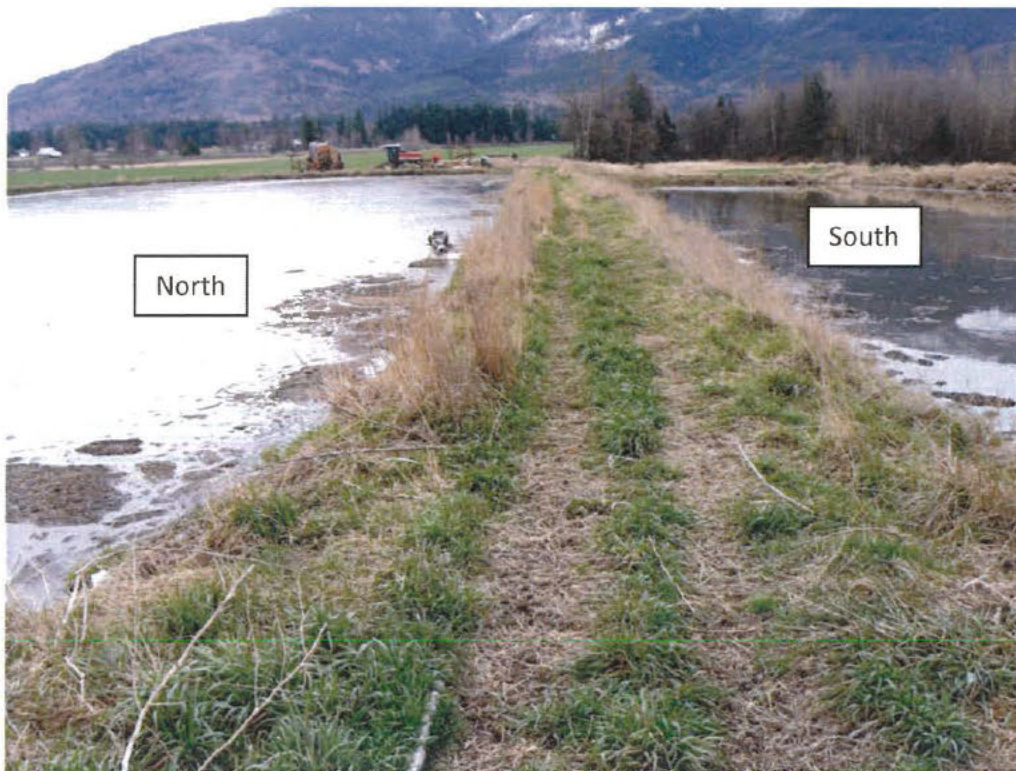


Photo 9 Shows both the North and South lagoons.



Photo 10 Photo showing the South lagoon.



Photo 11 Aerial photo of Ed Bosscher Dairy # 2.

FY 2012 INSPECTION CONCLUSION DATA SHEET (ICDS)

EPA Region 10

CWA NPDES

ICDS data is required to be reported for all on-site compliance inspections conducted by EPA inspectors, Senior Environmental Employees, or EPA contractors. States and tribes are not required to report ICDS data even if using EPA credentials. Federal 'Oversight' inspections conducted to ensure the integrity of a State's compliance monitoring program are not subject to ICDS lines 18-22 and Attachments A-F.

This form requires the inspector to provide the requested information by entering data in a text box, or checking the applicable box in a multi-select pick list. In addition to the 'core' compliance monitoring data, additional information is required if the inspection has a 'NPDES Special Regulatory Program' component. **DO NOT MODIFY FORM**

Compliance Activity Type: Inspection/Evaluation

1. EPA Lead Inspector:

First & Last Name:	DAVE TERPENING
Phone #: (include area code)	206 553-6905

2. Compliance Monitoring Dates: *(mm/dd/yyyy of inspection)*

Actual Start Date:	02/29/2012
Actual End Date:	02/29/2012

3. Compliance Monitoring Activity Name:

This is a descriptive name to help identify the compliance monitoring activity (e.g., *Castle Peak Construction LLC – Hidden River Estates construction site*).

ED BOSSCHER DAIRY # 2

4. On-Site Facility Representative? *(Check No or Yes)*

<input type="checkbox"/>	No → If checked, proceed to ICDS line 5												
<input checked="" type="checkbox"/>	Yes → If checked, provide the following information then proceed to ICDS line 5												
<table border="1"> <tr> <td>Facility Representative: (first & last name)</td> <td>ED BOSSCHER</td> </tr> <tr> <td>Individual's Title:</td> <td>Owners and Operator</td> </tr> <tr> <td>Organization:</td> <td></td> </tr> <tr> <td>Phone #: (include area code)</td> <td>(b) (6)</td> </tr> <tr> <td>Fax #: (include area code)</td> <td></td> </tr> <tr> <td>Email:</td> <td></td> </tr> </table>		Facility Representative: (first & last name)	ED BOSSCHER	Individual's Title:	Owners and Operator	Organization:		Phone #: (include area code)	(b) (6)	Fax #: (include area code)		Email:	
Facility Representative: (first & last name)	ED BOSSCHER												
Individual's Title:	Owners and Operator												
Organization:													
Phone #: (include area code)	(b) (6)												
Fax #: (include area code)													
Email:													

5. Linked Facility:

Media-Specific Programmatic ID: For CWA NPDES facilities, this is the assigned 9-digit alphanumeric number (e.g., *NPDES IDR10BD47*). ONE & only one Programmatic ID must be linked to the Inspection. *(Enter assigned NPDES #)*

WA0000580

Facility Classification: *(Check ONE)*

<input type="checkbox"/> NPDES Major	<input type="checkbox"/> NPDES Minor	<input type="checkbox"/> NPDES Unpermitted
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Facility Site Name: This is the public or commercial name of the site inspected.

ED BOSSCHER DAIRY # 2

Facility Site Location: This is the physical address of the site inspected (e.g., 504 Larch Street, Priest River, ID 83856). Include: street address or detailed description, city name, state code, & zip code; *no corporate mailing address or P.O. Box*

7480 Oat Cole Road
Everson, WA 98247

Facility Latitude & Longitude: *(Decimal Degrees only)*

Latitude: (e.g., +48.183883) 48.91183

Longitude: (e.g., -116.90209) 122.30345

Is facility site within Tribal Land? *(Check No or Yes)*

☒ No

☐ Yes → Enter Tribal Land Name in text box below:

SIC and/ or NAICS Codes: The 1987 Standard Industrial Classification (SIC) 4-digit code represents the economic activity of a company. The 2007 North American Industry Classification System (NAICS) 6-digit code represents a subdivision of an industry. The link to the NAICS/SIC code website is available on EPA R10's OCE Intranet site. *(Enter all codes corresponding to the site/facility inspected)*

0241

Facility Type of Ownership: This information is specific to facility ownership; not inspection activity. *(Check only ONE)*

☐ Corporation

☒ Privately Owned

☐ Individual

☐ City Government

☐ County Government

☐ State Government

☐ Tribal Government

☐ School District

☐ Municipal or Water District

☐ Mixed Ownership (e.g., Public/Private)

☐ GOCO (Government Owned/Contractor Operated)

☐ Federal Facility → Enter Federal Agency Name in text box below:

Small Business Indicator: This flag indicates if the Facility meets the requirements of the EPA Small Business Policy, defining "small business" as a person, corporation, partnership or other entity that employs 100 or fewer individuals across all facilities and operations owned by the small business. *(Check No or Yes)*

☐ No

☒ Yes

6. Federal Statute | Law Section | Program:

This is the statute & section of the corresponding regulation associated with the inspection, & the program that is authorizing the Activity or being violated. *(Check only ONE)*

	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Base Program (Limits, Reporting, Schedule)
	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Pretreatment
	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Sludge/Biosolids
X	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Concentrated Animal Feeding Operations (CAFOs)
	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Combined Sewer Overflows (CSO)
	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Sanitary Sewer Overflows (SSO)
	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Stormwater: Construction
	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Stormwater: Non-Construction
	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Stormwater: MS4
	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Section 308 Information Requests

7. Compliance Monitoring (CM) Action Reason:

This is the description that identifies the purpose of a Compliance Monitoring Activity.

(You must check either Core Program or Agency Priority. If ONE of the Other CM Action Reasons applies, it should also be checked.)

	Core Program → If checked; skip ICDS line 8 & proceed to ICDS line 9
X	Agency Priority → If checked; proceed to ICDS line 8 & identify the applicable FY 2012 OECA National Priority
	Other - Citizen Complaint/Tip
	Other - For Cause
	Other - Random Inspection
	Other - Result of Spill
	Other - Selected Monitoring Action

8. FY 2012 OECA National Priority:

This is the description that identifies the national priority that prompted the initiation of the inspection. *(If Agency Priority was checked in ICDS line 7, you must check ONE National Priority in table below)*

	2012 - Energy Extraction - Land Based Gas Extraction & Production
	2012 - WW - CAFO
X	2012 - WW - CAFO Regional Initiative Areas (WHATCOM COUNTY)
	2012 - WW - CSOs < 50K service population
	2012 - WW - CSOs > = 50K service population
	2012 - WW - MS4s - Phase I
	2012 - WW - MS4s - Phase II
	2012 - WW - SSOs > = 10 mg/d and < 100 mg/d

9. 'Inspection Type' PCS Code Reported on EPA Form 3560-3 (Rev 1-06) in Section A - Column 18:

Only one of the available 'Inspection Type' PCS Codes can be used to describe the type of inspection conducted. The Inspection Type checked in this section should equate to Compliance Monitoring Type checked in ICDS line 10. *(Check only ONE)*

A Performance Audit Inspection		\ CAFO (Sampling)	F Pretreatment (Follow-up)
B Compliance Biomonitoring	X	= CAFO (Non-Sampling)	G Pretreatment (Audit)
C Compliance Evaluation Inspection - Non-Sampling		# CSO (Sampling)	I Industrial User (IU) Inspection
D Diagnostic		\$ CSO (Non-Sampling)	P Pretreatment Compliance Inspection
J Complaints		+ SSO (Sampling)	! Pretreatment Compliance (Oversight)
M Multimedia Inspection		& SSO (Non-Sampling)	U IU Inspection with Pretreatment Audit

N Spill	{ Storm Water-Construction (Sampling)	2 IU Sampling Inspection
O Compliance Evaluation (Oversight)	} Storm Water-Construction (Non-Sampling)	3 IU Non-Sampling Inspection
R Reconnaissance Inspection	: Storm Water-Non-Construction (Sampling)	4 IU Toxics Inspection
S Compliance Sampling Inspection	~ Storm Water-Non-Construction (Non-Sampling)	5 IU Sampling Inspection with Pretreatment
X Toxics Inspection	< Storm Water-MS4 (Sampling)	6 IU Non-Sampling Inspection with Pretreatment
Z Sludge – Biosolids	- Storm Water-MS4 (Non-Sampling)	7 - IU Toxics with Pretreatment
@ Follow-up (enforcement)	> Storm Water-MS4 (Audit)	

10. Compliance Monitoring Type:

This is the description indicating the type of compliance monitoring activity conducted by a regulatory agency. The Compliance Monitoring Type checked in this section should equate to Inspection Type checked in ICDS line 9. *(Check only ONE)*

Comprehensive Type Inspections (designed to comprehensively determine compliance with the NPDES regulations & capture the most common & complete NPDES inspections)	Alternative Type Inspections (designed to capture less thorough, unique or unusual NPDES compliance monitoring activities)	Industrial User (IU) Type Inspections (apply only to the NPDES pretreatment program & designed to evaluate whether NPDES control authorities are meeting their responsibilities)
<input type="checkbox"/> Audit	AFO Defined	Audit (IU)
<input type="checkbox"/> Diagnostic	AFO Designation	Evaluation (IU)
<input checked="" type="checkbox"/> Evaluation	Aerial Photography	Sampling (IU)
<input type="checkbox"/> Plan Review	Case Development	Toxics (IU)
<input type="checkbox"/> Sampling	Field Screening Sample	
<input type="checkbox"/> Schedule Evaluation	Follow-up	
<input type="checkbox"/> Toxics	Hyperspectral Imaging	
<input type="checkbox"/> Biomonitoring → If checked; you must also check a value in the following drop-down list	Illegal Operators	
Biomonitoring Compliance Monitoring Methods <input type="checkbox"/> Discrete Acute <input type="checkbox"/> Discrete Chronic <input type="checkbox"/> Discrete Method <input type="checkbox"/> Flow-Through Method <input type="checkbox"/> Flow-Through Acute <input type="checkbox"/> Flow-Through Chronic	Non-Compliance Rate	
	Reconnaissance with Sampling	
	Reconnaissance without Sampling	
	Remote Sensing	
	Satellite Imaging	
	Witness Response Drill	
	Oversight → If checked, skip ICDS lines 18-22, and Attachments A-F	

11. Compliance Monitoring Agency Type: *(Check only ONE)*

<input checked="" type="checkbox"/> U.S. EPA
<input type="checkbox"/> EPA Contractor
<input type="checkbox"/> Other-EPA (i.e. Senior Environmental Employees (SEE), National Enforcement Investigations Center (NEIC))

12. Compliance Monitoring Agency Name: *(This is the only selection for ICDS)*

<input checked="" type="checkbox"/> Environmental Protection Agency

13. Was this a State, Federal or Joint (State/Federal) Inspection? *(Check either State, Federal or Joint)*

<input type="checkbox"/>	State Inspection → If checked; proceed to ICDS line 14										
<input checked="" type="checkbox"/>	Federal Inspection → If checked; proceed to ICDS line 14										
<input type="checkbox"/>	Joint (State/Federal) Inspection → If Joint, you must answer the following two questions										
1) If Joint, what was the purpose of the participation of the other party? <i>(Check only ONE)</i> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>True Joint Inspection with EPA & State</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Oversight Purposes</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Training Purposes</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Assist the State</td> </tr> </table>		<input type="checkbox"/>	True Joint Inspection with EPA & State	<input type="checkbox"/>	Oversight Purposes	<input type="checkbox"/>	Training Purposes	<input type="checkbox"/>	Assist the State		
<input type="checkbox"/>	True Joint Inspection with EPA & State										
<input type="checkbox"/>	Oversight Purposes										
<input type="checkbox"/>	Training Purposes										
<input type="checkbox"/>	Assist the State										
2) Which Party had the lead? <i>(Check State or EPA)</i> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>State → If checked, you must answer the following question</td> </tr> <tr> <td colspan="2"> If State, Local or Tribal lead, did EPA assist? <i>(Check No or Yes)</i> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Yes</td> </tr> </table> </td> </tr> <tr> <td><input type="checkbox"/></td> <td>EPA</td> </tr> </table>		<input type="checkbox"/>	State → If checked, you must answer the following question	If State, Local or Tribal lead, did EPA assist? <i>(Check No or Yes)</i> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Yes</td> </tr> </table>		<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	EPA
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<input type="checkbox"/>	No										
<input type="checkbox"/>	Yes										
<input type="checkbox"/>	EPA										

14. Media Monitored: *(Check only ONE)*

<input type="checkbox"/>	Water (biosolids & other sludges)
<input checked="" type="checkbox"/>	Water (navigable/surface)
<input type="checkbox"/>	Water (sediment)
<input type="checkbox"/>	Water (stormwater)
<input type="checkbox"/>	Water (wastewater to POTW) → Applies to Industrial Users discharging to POTW. If checked, you must enter the applicable POTW Name & NPDES # in text box below:
	<input type="text"/>

15. Compliance Monitoring Media Indicator: *(Check if Multimedia inspection)*

<input type="checkbox"/>	Multimedia Indicator
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16. Cross Media Indicator: Federal Facility Activity

This is an indication that directly marks the inspection activity as involving Federal Facilities (specific to inspection activity; not facility ownership). *(Check only ONE)*

<input type="checkbox"/>	Federal Facility (traditional federal facility, military base, federal land or federal agency impacting private property)
<input checked="" type="checkbox"/>	No Federal Facility Involvement (no federal agency or federal property are involved)
<input type="checkbox"/>	Non-Federal Party Impacting Federal Property (activity involving contractors on federal property or spills migrating to federal property)

17. Compliance Monitoring Action Outcome:

This identifies the outcome of the inspection, if known at the time of activity. *(Check only ONE)*

<input checked="" type="checkbox"/>	Under Review
<input type="checkbox"/>	No Violation
<input type="checkbox"/>	Immediately Corrected
<input type="checkbox"/>	Not Immediately Corrected
<input type="checkbox"/>	No Compliance Monitoring (Access Denied)
<input type="checkbox"/>	No Compliance Monitoring (Facility Shut Down)
<input type="checkbox"/>	

18. Did you observe deficiencies (potential violations) during the on-site inspection? (Check No or Yes)

<input checked="" type="checkbox"/>	No → If checked, proceed to ICDS line 21
<input type="checkbox"/>	Yes → If checked, you must identify the Deficiencies observed in the table below then proceed to ICDS line 19

Deficiencies observed (Check all applicable)

<input type="checkbox"/>	Potential excess emission in violation of regulations
<input type="checkbox"/>	Potential failure to complete or submit a notification, report, certification, or manifest
<input type="checkbox"/>	Potential failure to follow a permit condition (s)
<input type="checkbox"/>	Potential failure to follow a required sample monitoring procedure or laboratory procedure
<input type="checkbox"/>	Potential failure to follow or develop a required management practice or procedure
<input type="checkbox"/>	Potential failure to identify and manage a regulated waste or pollutant in any media
<input type="checkbox"/>	Potential failure to maintain a record or failure to disclose a document
<input type="checkbox"/>	Potential failure to maintain/inspect/ repair meters, sensors, & recording equipment
<input type="checkbox"/>	Potential failure to obtain a permit, product approval, or certification
<input type="checkbox"/>	Potential failure to report regulated events such as spills, accidents, etc.
<input type="checkbox"/>	Potential incorrect use of material (pesticide, waste, product) or use of unapproved material
<input type="checkbox"/>	Potential violation of a compliance schedule in an enforceable order

19. If you observed deficiencies, did you communicate the deficiencies to the Facility during the inspection? (Check No or Yes)

<input type="checkbox"/>	No → If checked, skip to ICDS line 21
<input type="checkbox"/>	Yes → If checked, proceed to ICDS line 20

20. Did you observe the Facility take any actions during the inspection to address the deficiencies noted?

(Check No or Yes)

<input type="checkbox"/>	No → If checked, proceed to ICDS line 21
<input type="checkbox"/>	Yes → If checked, you must identify Actions taken in table below then proceed to ICDS line 21

Action(s) taken (Check only actions observed/ seen)

<input type="checkbox"/>	Completed a Notification or Report
<input type="checkbox"/>	Corrected Monitoring Deficiencies
<input type="checkbox"/>	Corrected Record Keeping Deficiencies
<input type="checkbox"/>	Implemented New or Improved Management Practices or Procedures
<input type="checkbox"/>	Improved Pollutant Identification (e.g., Labeling, Manifesting, Storage, etc)
<input type="checkbox"/>	Requested a Permit Application or Applied for a Permit
<input type="checkbox"/>	Verified Compliance with Previously Issued Enforcement Action – Part or All Conditions
<input type="checkbox"/>	Reduced Pollution (e.g., Use Reduction, Industrial Process Change, Emissions or Discharge Change, etc).

→ If **Reduced Pollution** is checked, you must check and/or specify at least one Pollutant in the table below. See Pollutant Reference Table for complete list of available values. The document is available on EPA R10's OCE Intranet site.

Common Water Pollutants

<input type="checkbox"/>	BOD, 5-day, percent removal	<input type="checkbox"/>	O/G (Oil & Grease)	<input type="checkbox"/>	Sediment
<input type="checkbox"/>	Cl (Chlorine)	<input type="checkbox"/>	Overflow Volume (SSO, CSO)	<input type="checkbox"/>	SS (Settleable Solids)
<input type="checkbox"/>	COD (Chemical Oxygen Demand)	<input type="checkbox"/>	Production, seafood effluent	<input type="checkbox"/>	TC (Total Coliform)
<input type="checkbox"/>	DO (Dissolved Oxygen)	<input type="checkbox"/>	Sanitary sewage	<input type="checkbox"/>	TSS (Total Suspended Solids)
<input type="checkbox"/>	E. coli	<input type="checkbox"/>	Sanitary waste, BOD, 5-day	<input type="checkbox"/>	Untreated sewage
<input type="checkbox"/>	Other (specify):				
<input type="checkbox"/>					

21. Did you provide *general* Compliance Assistance in accordance with the policy on the role of the EPA Inspector in providing Compliance Assistance *during* inspections? (Check No or Yes)

	No
X	Yes

22. Did you provide *site-specific* Compliance Assistance in accordance with the policy on the role of the EPA Inspector in providing Compliance Assistance *during* the inspections? (Check No or Yes)

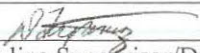
X	No
	Yes

23. Is the inspection/evaluation related to a *NPDES Special Regulatory Program*? (Check No or Yes)

	No → If checked, skip Attachments A-F												
X	Yes → If checked, you must identify the NPDES Special Regulatory Program. (Check applicable Program in table below, then proceed to Attachment indicated)												
	<table border="1"> <tr> <td></td> <td>Pretreatment → Proceed to ICDS Attachment <u>A</u></td> </tr> <tr> <td></td> <td>Sanitary Sewer Overflow (SSO) → Proceed to ICDS Attachment <u>B</u></td> </tr> <tr> <td></td> <td>Combined Sewer Overflow (CSO) → Proceed to ICDS Attachment <u>C</u></td> </tr> <tr> <td>X</td> <td>Concentrated Animal Feeding Operations (CAFOs) → Proceed to ICDS Attachment <u>D</u></td> </tr> <tr> <td></td> <td>Storm Water (Non-Municipal) → Proceed to ICDS Attachment <u>E</u></td> </tr> <tr> <td></td> <td>Storm Water (Municipal) → Proceed to ICDS Attachment <u>F</u></td> </tr> </table>		Pretreatment → Proceed to ICDS Attachment <u>A</u>		Sanitary Sewer Overflow (SSO) → Proceed to ICDS Attachment <u>B</u>		Combined Sewer Overflow (CSO) → Proceed to ICDS Attachment <u>C</u>	X	Concentrated Animal Feeding Operations (CAFOs) → Proceed to ICDS Attachment <u>D</u>		Storm Water (Non-Municipal) → Proceed to ICDS Attachment <u>E</u>		Storm Water (Municipal) → Proceed to ICDS Attachment <u>F</u>
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X	Concentrated Animal Feeding Operations (CAFOs) → Proceed to ICDS Attachment <u>D</u>												
	Storm Water (Non-Municipal) → Proceed to ICDS Attachment <u>E</u>												
	Storm Water (Municipal) → Proceed to ICDS Attachment <u>F</u>												

Data Collection Process:

- Inspector is responsible for collection of ICDS data during the on-site inspection.
- Inspector should complete the ICDS *during* or *immediately after* the inspection is conducted.
- Inspector should forward completed ICDS to first-line supervisor/designated alternate within five (5) days after returning from either a single inspection, or a series of inspections.
- The first-line supervisor/designated alternate should ensure ICDS data is collected & reported, and that the data is complete and accurate. Once the supervisor review is complete, the ICDS should be forwarded to the data entry person. For **CWA inspections**, forward the ICDS to the attention of Jeannine Brown by any of the following methods: Mail to U.S. EPA Region 10, 1200 6th Avenue, Suite 900, Mailstop OCE-184, Seattle, WA 98101; fax to 206-553-4743; or email to Brown.Jeannine@epa.gov.

ICDS Sign Off	Name	Date Completed
ICDS Completed By Inspector 	DAVE TERPENING	FEB 29, 2012
ICDS Review Completed By First-line Supervisor/Designated Alternate		
ICDS Data Entry Completed By CWA Data Manager	Jeannine Brown	

ICDS Attachment D: Concentrated Animal Feeding Operation (CAFO) (page 1 of 2)

General Information

Is the Animal Facility Type a CAFO? (Yes or No)	NO
CAFO Classification? (Large, Medium, or Small)	
CAFO Designation Date: (mm/dd/yyyy)	
Designation Reason:	
Discharges During Year From Production Area: (Check only ONE)	
<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes (Authorized only)	
<input type="checkbox"/> Yes (Unauthorized only)	
<input type="checkbox"/> Yes (Both Authorized/ Unauthorized)	

Solid & Liquid Manure

Solid Manure or Litter Generated: (Tons)	
Liquid Manure or Wastewater Generated: (Gallons)	
Solid Manure or Litter Transferred: (Tons)	
Liquid Manure or Wastewater Transferred: (Gallons)	

NMP (Nutrient Management Plan)

Does the facility have an NMP developed or approved by a certified planner? (Yes or No)	YES
NMP Developed Date: (mm/dd/yyyy)	
NMP Last Updated Date: (mm/dd/yyyy)	

EMS (Environmental Management System)

Does the facility have an EMS? (Yes or No)	
EMS Developed Date: (mm/dd/yyyy)	
EMS Last Updated Date: (mm/dd/yyyy)	

Land Application BMP (Best Management Practices)

Type (Check all applicable)
<input checked="" type="checkbox"/> Buffers
<input checked="" type="checkbox"/> Setbacks
<input type="checkbox"/> Conservation Tillage
<input type="checkbox"/> Constructed Wetlands
<input type="checkbox"/> Infiltration Field
<input type="checkbox"/> Grass Filter
<input type="checkbox"/> Terrace
<input type="checkbox"/> Residue Management
Other: (Specify)

Animal Type

Animal Type (Check all applicable)	Open Confinement Count (#)	Housed Under Roof Confinement Count (#)	Total #
Mature Dairy Cattle	0	380	380
Veal Calves	0	30	30
Cattle (All except Mature Dairy Cattle & Veal Calves)	0	70	70
Swine over 55 lbs			
Swine under 55 lbs			
Horses			
Sheep or Lambs			
Turkeys			
Chicken (All except Layers)			
Chicken (Layers)			
Ducks			
Other: (Specify)			

Manure, Litter, & Processed Wastewater Storage Types

Storage Type (Check all applicable)	Storage Total Capacity Measure (#-- specify Tons or Gallons)	Days of Storage (#)
Wastewater Treatment Lagoon		
Storage Lagoon	3,000,000	
Evaporation Pond		
Above Ground Storage Tanks		
Below Ground Storage Tanks	40,000	
Roofed Storage Shed		
Concrete Pad		
Impervious Soil Pad		
Underflow Pits		
Anaerobic Digester		
Outdoor Piles		
None		
Other: (Specify)		

ICDS Attachment D: CAFO (page 2 of 2)

Land Application

Land Available for Application Measure: (# of acres)	240
Number of Acres of Contributing Drainage from Production Area: (# of acres that are drained & collected in the production area)	

Livestock

Livestock Maximum Capacity: (# of animals)	
Livestock Capacity Determination Based Upon: (# of animals)	
Authorized Livestock Capacity: (the maximum # of animals that the Facility is authorized to handle which could be the same as the Designed Maximum Capacity)	

Containment Type

Type (Check all applicable)	Total Capacity (#)
<input type="checkbox"/> Lagoon	3,000,000
<input type="checkbox"/> Holding Pond	
<input type="checkbox"/> Evaporation Pond	
<input type="checkbox"/> Other: (Specify)	

Violation Types

Type (Check all applicable)
<input type="checkbox"/> Failure to Have an NMP
<input type="checkbox"/> Failure to Follow an NMP
<input type="checkbox"/> Inadequate Storage
<input type="checkbox"/> Unauthorized Discharge
<input type="checkbox"/> Improper Record Keeping
<input type="checkbox"/> Failure to Follow Setbacks/Vegetative Buffering
<input type="checkbox"/> Failure to Sample/Test Manure/Soil
<input type="checkbox"/> Failure to Submit Annual Report